

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	/					
25						
26						
27						
28						
29						
30						
31						
32	/					
33	/					
34	/					
35						
36						
37						
38	/					
39						
40						
41						
42						
43						
44						
45						
46	/					
47						
48						
49	/					
50	/					
TOTAL IND.	19	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	67					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53						
54		/				
55	/					
56	/					
57		/				
58	/					
59	/					
60	/					
61	/					
62	/					
63		/				
64		/				
65		/				
66		/				
67	/					
68	/					
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY